The Wisconsin Plan for Heart Disease and Stroke Prevention 2005-2009

Created by the
Department of Health
and Family Services,
Division of Public Health,
Cardiovascular Health Program,
and the Cardiovascular Health Alliance

March 2005

Acknowledgments

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State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Helene Nelson, Secretary

April 2005

Dear Cardiovascular Health Partner,

The *Wisconsin Plan for Heart Disease and Stroke Prevention 2005-2009* is a landmark achievement toward the advancement of cardiovascular health in our state. The plan represents an extraordinary level of collaboration among statewide partners to improve the health of Wisconsin residents—those living with heart disease as well as the general population at risk for heart disease and stroke. Our hope is that this plan is widely embraced as a guide for each of us who work and strive to reduce the burden of heart disease and stroke in Wisconsin.

The intent of the *Wisconsin Plan for Heart Disease and Stroke Prevention 2005-2009* is to:

- Increase awareness of what can be done to prevent risk factors for heart disease and stroke.
- Encourage the design of culturally appropriate activities that support heart healthy lifestyles and behaviors, and prevent additional heart attacks or strokes in those who have already had one.
- Focus partners on proven interventions that are practical, achievable, and realistic for persons who have or are at risk for heart disease and stroke.
- Assist all state partners in meeting objectives suggested in *Healthy People 2010,* Chapter 12, and *Healthiest Wisconsin 2010.*

Many organizations in Wisconsin are already doing excellent work to improve heart health, but these efforts often occur in isolation. The *Wisconsin Plan for Heart Disease and Stroke Prevention 2005-2009* offers a unified vision and framework for Wisconsin organizations to mobilize around. It presents common goals for health promotion, advocacy and public policy, epidemiology and surveillance, health systems and organizations, and population-based community interventions. The success of this plan will require the concerted effort of many using different creative solutions to change infrastructure, personal and group behavior, and policies.

This is a call to action! We encourage everyone to take a part in improving heart health in Wisconsin. The changes in our understanding and approach to preventing and treating heart disease and stroke are dynamic. There is a great deal to do. Many partners are committ ed to reducing heart disease in Wisconsin and their efforts will continue, but others are encouraged to become involved. We need your help in spreading the message that heart disease and stroke are mostly preventable. With a united effort, Wisconsin, like many other states, can successfully reduce the burden of heart disease and stroke.

Sincerely,

Helene Nelson, Secretary
Department of Health & Family Services

Charles McCauley, MD & F. Javier Nieto, MD
Co-Chairs
Wisconsin Cardiovascular Health Alliance

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Photograph: Wisconsin Department of Tourism

Introduction

Heart disease and stroke – the main components of cardiovascular disease (CVD) – are the leading causes of death for men and women in the United States and in Wisconsin. About 950,000 Americans die of cardiovascular disease each year, which amounts to one death every 33 seconds[1]. In 2003, 34% (16,842) of all deaths in Wisconsin were due to cardiovascular disease – more than deaths from cancer, automobile crashes, suicide, homicide, and AIDS combined.[2] Cardiovascular deaths included those due to ischemic (coronary) heart disease, stroke (cerebrovascular disease), congestive heart failure (CHF), hypertension (HTN), and atherosclerosis.

Table 1: Major Cardiovascular Disease (CVD) Deaths, by Category, Wisconsin, 2003

Disease Category	Number of deaths		% of CVD Deaths
Major Cardiovascular Disease		16,842	100%
Diseases of the Heart		12,460	74.0%
Ischemic (coronary) Heart Disease	8,179		48.6%
Hypertensive Heart Disease	534		3.2%
Congestive Heart Failure	1,414		8.4%
Other Diseases of the Heart	2,333		13.9%
Primary Hypertension/Hypertensive Renal Disease		379	2.3%
Cerebrovascular Disease (Stroke)		3,204	19.0%
Atherosclerosis		186	1.1%
Other Diseases of the Circulatory System		613	3.6%

Source: Wisconsin DHFS, DPH, Bureau of Health Information and Policy. *Wisconsin Deaths, 2003* (PPH 5368-03). October 2004.

In the United States, one out of two males and one out of three females aged 40 years and under will develop heart disease and stroke sometime in their lifetime.[3] Many of the following risk factors for heart disease and stroke can be prevented or modified:

- physical inactivity
- high blood pressure (hypertension)
- high cholesterol
- poor diet
- excess weight and obesity
- cigarette smoking, and
- diabetes.

Introduction

However, these risk factors have become commonplace among Americans. In the United States, over 80% of Americans have at least one major risk factor for heart disease and stroke or a related condition.[4] The increase in obesity, inactive lifestyles, diabetes, and high cholesterol is leading to earlier onset of heart disease, affecting a large share of young adults.

Given the scale of its impact, heart disease and stroke have become a public health priority in the United States and Wisconsin. In recent years, Congress approved funding to start national, state-based heart disease and stroke prevention programs to help state health departments lead communities and organizations in promoting cardiovascular health. Through this effort, the Wisconsin Department of Health and Family Services applied for a federal grant to form a Cardiovascular Health Program (CVHP) in the Division of Public Health. The CVH program is currently one of 28 programs of its kind that is overseen by the U.S. Centers for Disease Control and Prevention (CDC).[1]

Since its beginning in 2002, the Wisconsin Cardiovascular Health Program Program has:

- developed a staff and infrastructure to support cardiovascular health activities.
- gathered data on the impact of heart disease and stroke in Wisconsin.
- distributed cardiovascular disease clinical adult guidelines as part of the Cardiovascular Risk Reduction Initiative (Appendix A).
- worked with other DHFS health promotion programs, e.g., the Wisconsin Nutrition and Physical Activity Program (WINPA), the Stroke Committee, the Diabetes Prevention and Control Group, and the Arthritis Program on projects and programs to improve CVD health.
- organized the independently governed CVH Alliance, a coalition of groups committed to promoting cardiovascular health.
- created this plan in cooperation with the CVH Alliance.

With an infrastructure, surveillance, and partners in place, the state is prepared to lead stakeholders and partners in a joint plan to improve heart health for the people of Wisconsin.

The purpose of the *Wisconsin Plan for Heart Disease and Stroke Prevention 2005-2009* is to provide a blueprint for organizations, communities, and individuals to work together on actions that can reduce the risks, disability, and death related to cardiovascular disease. By working together, we can take action steps that may reduce or delay the impact of heart disease and stroke and improve quality of life for people in Wisconsin already living with cardiovascular disease.

The Impact of Heart Disease and Stroke in Wisconsin

Photograph: Wisconsin Department of Tourism, Andy Kraushaar

The Impact of Heart Disease and Stroke in Wisconsin

In 2003, cardiovascular disease accounted for almost 34% (16,842) of all deaths in Wisconsin. Age-adjusted death rates (see Glossary) for coronary heart disease (CHD) were disproportionately higher among American Indians, African American females, and in sparsely populated northern counties in the state (see Data Tables). African Americans, American Indian females, and Asians had the highest rate of death due to stroke.

Table 2: Age-Adjusted Death Rates for Coronary Heart Disease (CHD), Wisconsin 1997-2003

Sex	White	African American	American Indian	Asian	Hispanic
Male	221.8	205.9	273.7	104.6	88.8
Female	119.1	123.7	141.8	58.7	44.7
Total	162.9	156.6	198.0	76.9	65.1

Table 3: Age-Adjusted Death Rates for Stroke, Wisconsin 1996-2003

Sex	White	African American	American Indian	Asian	Hispanic
Male	64.1	90.3	61.1	68.7	28.8
Female	58.4	75.9	70.1	66.0	27.4
Total	61.2	83.0	66.4	67.5	28.5

Table 4: Age-Adjusted Death Rates for Congestive Heart Failure (CHF), Wisconsin 1996-2003

Sex	White	African American	American Indian	Asian	Hispanic
Male	25.9	22.1	**	**	**
Female	20.8	19.1	**	**	**
Total	22.8	20.6	**	**	**

** A rate is not calculated when there were fewer than 50 deaths per 100,000 population

Source: Wisconsin DHFS, DPH, Bureau of Health Information and Policy. *Wisconsin Deaths*, 1996-2003.

Many others who survive heart attacks and strokes develop disabilities and at increased risk for having another cardiovascular disease event. While advances in medicine and surgery have improved survival rates, they are expensive. In 2002, there were over 94,000 hospitalizations for cardiovascular disease-related care in Wisconsin, averaging about 5 days per stay. In 2005, the estimated annual direct and indirect costs for CVD-related care in Wisconsin were more than $7 billion, including over $2.1 billion in hospital charges.[5,6]

Table 5: Number of Hospital Discharges and Rates by Principal Diagnosis Groups with Associated Length of Stay, Wisconsin Hospitals 2002*

Principal Diagnosis Groups**	Total Number	Average Length of Stay (Days)	Total Inpatient Days	Average Charge per Stay	Total Charge of all Stays
Major CVD	94,096	4.6	434,618	$21,878	$2,058,622,297
Diseases of the Heart	92,216	4.6	426,534	$22,022	$2,030,839,721
Coronary Heart Disease	33,256	4.1	135,465	$27,231	$905,584,959
Stroke	15,870	4.8	76,509	$15,302	$242,846,630
Congestive Heart Disease	15,343	5.0	76,173	$13,822	$212,074,339
Hypertensive Disease	3,066	4.6	13,967	$14,575	$44,685,920
Arterial Disorders	5,824	6.9	40,202	$32,764	$190,819,174

* Includes discharges of persons living or dead.

** Groups are not mutually exclusive since individuals may have had more than one diagnoses.

Source: Wisconsin DHFS, DPH, Bureau of Health Information and Policy, 2002.

Table 6: Number of Hospital Discharges and Rates, by Race/Ethnicity, by Principal Diagnosis Groups, Wisconsin Hospitals 2002*

Principal Diagnosis Group**	White		African American		Asian		American Indian		Hispanic	
	#	Rate*	#	Rate*	#	Rate*	#	Rate*	#	Rate*
Total CVD	86,125	17.4	4,858	14.5	353	3.2	526	9.7	1036	5.0
Diseases of the heart	84,827	17.1	4,391	13.1	324	3.0	516	9.5	969	4.6
Coronary heart disease	30,912	6.2	1,120	3.3	100	0.9	182	3.3	346	1.7
Stroke	14,608	2.9	742	2.2	91	0.8	77	1.4	168	0.8
Congestive heart disease	13,649	2.8	1,185	3.5	57	0.5	129	2.4	194	0.9
Hypertensive disease	2,211	0.4	706	2.1	41	**	18	**	77	0.4
Arterial disorders	5,328	1.1	307	0.9	18	**	36	**	66	0.3
Diabetes	5,459	1.1	1,206	3.6	42	**	110	2.0	205	1.0

* Rate: These are ratios of the number of discharges per 1,000 population. These discharges may include more than one hospitalization for a person and the discharge categories are not exclusive. Rates are not reported if there were less than 50 hospitalizations.

** Groups are not mutually exclusive since individuals may have had more than one diagnoses.

Source: Wisconsin DHFS, DPH, Bureau of Health Information and Policy, 2002.

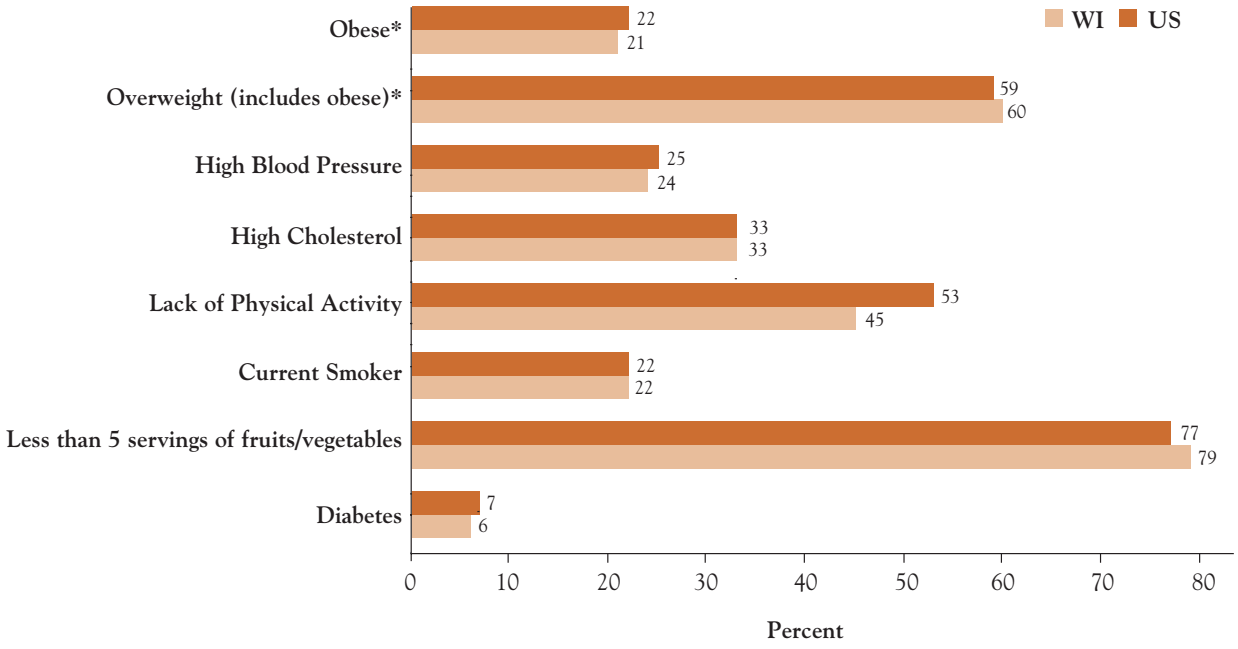
Prevalence of Risk Factors for Heart Disease and Stroke in Adults

In 2002 (the most recent data), about 289,000 (7%) of people in Wisconsin of all ages had been told by a health professional that they had cardiovascular disease, and thousands more were likely to have been undetected.[7] Unhealthy food choices, excessive food portions, inactivity, and cigarette smoking are some of the behaviors that put the state's residents at increased risk for developing cardiovascular disease. According to the Behavioral Risk Factor Survey 2003 (BRFS), a statewide telephone survey of risk factors and risk behaviors:

- Sixty percent (60%) of all Wisconsin adults aged 18 years and older are overweight, including 20% who are obese
- Almost 80% consume less than the recommended five servings of fruits and/or vegetables per day
- A little less than half (45%) do not get the minimum suggested amount of physical activity, 30 minutes of moderate intensity physical activity at least three times per week
- Twenty-two percent (22%) smoke cigarettes
- One-third of adults in Wisconsin have high cholesterol, and
- About one quarter of people in the state have high blood pressure.[8]

While the number of Wisconsin residents reporting risk factors for cardiovascular disease and stroke is at or below the national average for six out of eight risk factors, there is clearly a need to improve heart-healthy behaviors in Wisconsin.

Figure 1: Percent of Adults with Risk Factors for CVD, Wisconsin and the Nation 2003



* Wisconsin Behavioral Risk Factor Survey, 2002

Source: CDC Behavioral Risk Factor Surveillance System (BRFSS), 2003.

The Impact of Heart Disease and Stroke in Wisconsin

Each of these major risk factors effects the development of heart disease. The presence of more than one risk factor can speed up the progression of heart disease. At the same time, making improvements in any one of these areas can reduce the risk of (and sometimes reverse) heart disease and related conditions.

Overweight and Obesity

The number of Wisconsin adults who are overweight has risen from 38% in 1990 to 60% in 2003 (including those who are obese). The rates for obesity have nearly doubled, from 11% of people in 1990 to about 21% in 2003. These numbers are based on estimated Body Mass Index (BMI), which is a person's weight (measured in kilograms) divided by his/her height (measured in meters). Overweight is defined as a BMI of 25-29.9 kg/m^2. Obesity is a BMI of more than 30 kg/m^2. Being overweight puts persons at higher risk for high blood pressure, high blood cholesterol and other lipid disorders, and diabetes.

Diabetes

Although only 6% of adults in Wisconsin have been told they have diabetes by a health professional, the fact that so many other people have CVD risk factors suggests that the size of this group will be increasing. Between 66-75% of persons with diabetes will die from some form of heart or blood vessel disease. The risk of diabetes for Hispanics and African Americans is almost twice that for whites. More and more health providers are finding children and teens with Type 2 diabetes. African American, Hispanic, and American Indian children who are obese and have a family history of Type 2 diabetes are especially at risk.[5]

Physical Inactivity

About 45% of adults in Wisconsin do not get 30 minutes or more of moderate physical activity at least three times a week. An even larger number of African Americans and Hispanics (61% and 50% respectively) do not get enough physical activity.[8] Less active persons have a 30-50% higher risk for developing high blood pressure.[9]

Inadequate Fruits and Vegetables (Nutrition)

Staying at a healthy weight by balancing calorie intake, eating a reduced-fat, low-salt diet high in fruits and vegetables, and increasing physical activity are known to help prevent and reduce overweight, high cholesterol, and high blood pressure. However, a majority of adults in Wisconsin (79%) eat an inadequate amount of fruits and/or vegetables each day, even though there is plenty of fresh produce through grocers and local farmer's markets in most areas.

High Cholesterol

High blood cholesterol contributes to atherosclerosis, the gradual build up of fatty plaques in the arteries that may lead to heart attack and stroke. One in three Wisconsin adults have been told by a health professional that they have high cholesterol.[7] Lowering cholesterol levels by just 10% could reduce the number of people who develop coronary heart disease by about 30%.[10]

High Blood Pressure (Hypertension)

High blood pressure is a major risk factor for both heart disease and stroke. Currently, about one out of every four adults in Wisconsin has been told by a health care professional that they have high blood pressure. It is likely that many more have high blood pressure but do not know it. It is estimated that nearly one-third of persons with high blood pressure are unaware of this "silent killer".[11]

Tobacco Use

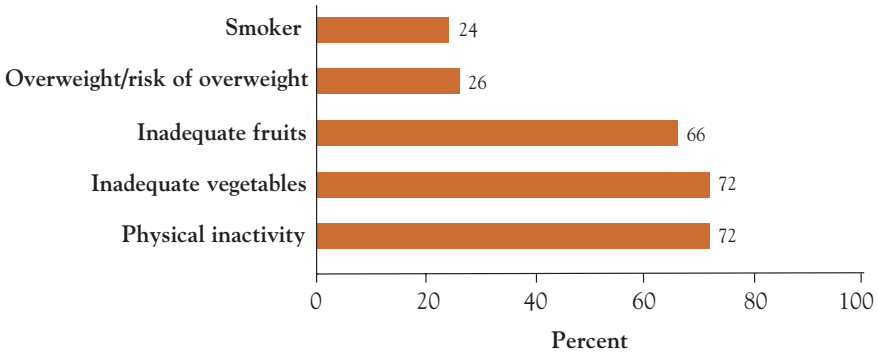
The number of adults in Wisconsin who smoke has declined only slightly in recent years (from 24% in 2000 to 22% in 2003) despite public awareness of its harmful effects. Reducing the number of Wisconsin adults who smoke can have a major impact on cardiovascular deaths. Research shows that people who quit smoking before age 50 have half the risk of dying in the next 15 years compared to those who continue to smoke.[3]

Prevalence of Risk Factors for Heart Disease and Stroke in Youth

Many of the risk factors for CVD begin in youth. The 2003 Wisconsin Youth Risk Behavior Survey (YRBS), a random written survey performed every two years among public schools with grades 9-12, revealed that:

- About one out of four high school students report smoking cigarettes at least one day of the past 30 days.
- More than one quarter of high school students are overweight or at risk for being overweight. In young people between 2 to 17 years of age, overweight is defined as sex- and age-specific BMI at the 95th percentile or greater based on growth charts from the Centers for Disease Control and Prevention. A young person is considered at risk for being overweight if his/her BMI is more than or equal to the 85th percentile but less than the 95th percentile.
- Sixty-six percent (66%) of students eat fewer than three servings of fruits daily.
- Seventy-two percent of students (72%) eat fewer than three servings of vegetables in a day.
- The same percent of students (72%) do not get moderate physical activity at least five days per week.

Figure 2: Percent of High School Students with Risk Factors for CVD, Wisconsin, 2003



Source: 2003 Wisconsin Youth Risk Behavior Survey (YRBS) Wisconsin Department of Public Instruction, Division of Learning Support.

National health trends have shown an increase in overweight and obese children, poor diet, and physical inactivity which have led to early onset of diabetes, hypertension, and abnormal lipid levels among youth up to 17 years of age.[12] Preliminary data from some pilot programs in Wisconsin suggest similar findings. Given the commonality of CVD risk factors among adults and youth, and the aging "baby boomer" population, the toll of CVD will likely worsen in the next ten years unless dramatic measures are taken to turn things around.

The Challenge: Promoting Heart-Healthy Behaviors

Photograph: Wisconsin Department of Tourism

The Challenge: Promoting Heart-Healthy Behaviors

The impact of cardiovascular disease and its risks are staggering. Cardiovascular disease affects adults and youth, males and females, and crosses all racial/ethnic and economic groups. The encouraging news is that most of the contributing factors for heart disease and stroke are preventable with lifestyle changes. A key strategy to reduce the impact of cardiovascular-related death and disability is to promote healthy behaviors that can reduce the likelihood of developing heart disease and stroke. Since risk factors for heart disease and stroke develop early in life, it is important that adults and youth understand how to choose heart-healthy behaviors. Statewide mass media campaigns, community-based programs, and other public education efforts need to be expanded to provide greater access to healthy lifestyle information. Promoting healthy lifestyle choices like physical activity; smoking cessation; a diet rich in fruits and vegetables with limited intake of foods high in sugar, harmful fats and salt; and reducing portion sizes can have a major impact on reducing cardiovascular-related risk factors, disability and death.

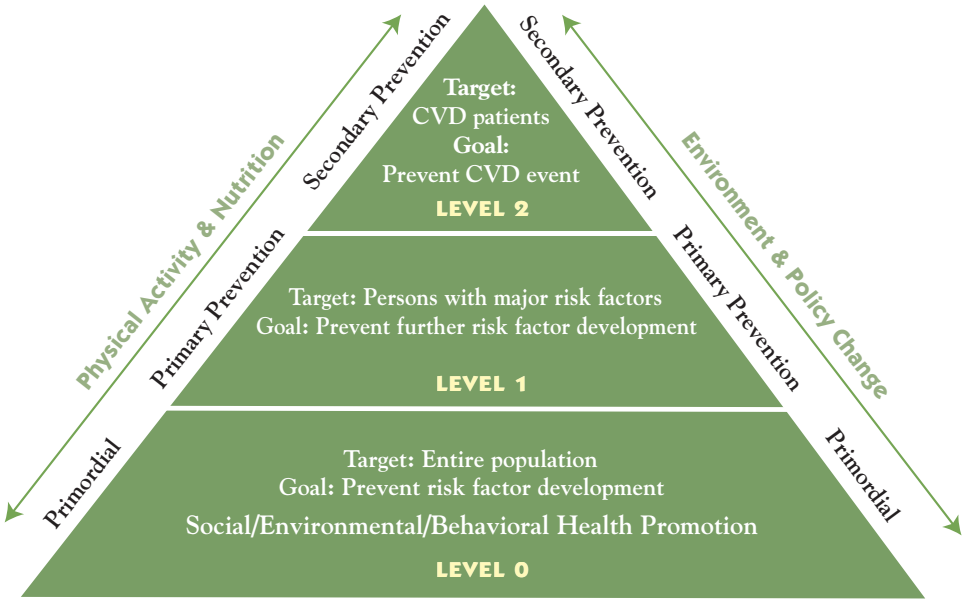
Research has shown that the most successful strategies for improving health include changing environments as well as behaviors. The environments where we live and work, namely our schools, worksites, communities, and healthcare systems, play a large role in shaping our knowledge, attitudes, behavior, and habits. Creating positive shifts in these settings will require a comprehensive effort. There will need to be changes in policies, regulations and funding that support healthful environments, and education on the harmful economic and health effects of heart disease and stroke.

Smoking bans provide encouraging examples of the rapid community benefits of health enhancing policies. Six months after a smoke free ordinance was passed in Helena, Montana, a study by three physicians reported a 40% decline in hospital admissions for heart attack. The rate of admissions for heart attack remained unchanged for people living and working outside the city.[13] Since the study, Montana has passed a statewide smoke free policy for all public places. Smoke free policies also cause current smokers to smoke less – an important step in quitting. Seven out of ten current smokers want to quit; smoking bans help by providing public areas that are free from the temptation or pressure to smoke.[14]

continued

A Model For Heart Disease and Stroke Prevention

Preventing the onset or progression of heart disease and stroke is a complex process that requires changes in behaviors, policies, and environments that involve three different segments of the population. The following model illustrates this dynamic. The focus for the largest segment of the population is to prevent the development of risk factors for heart disease and stroke (primordial prevention). At the next level, primary prevention aims at preventing further progression among those with known risks for heart attack and stroke. At the last level, the goal of secondary prevention is to prevent a first or subsequent heart attack or stroke from happening. To succeed in improving cardiovascular health across the state, the *Wisconsin Plan for Heart Disease and Stroke Prevention 2005-2009* must embrace the needs of all three levels, focusing on policies and environmental changes that can enhance heart-health in the key settings that impact behavior – our schools, worksites, communities, and healthcare systems.



Model 1: CVH Program Prevention Model

Source: Adapted from Centers for Disease Control and Prevention.

Prevention (Level 0)

Target: Entire Wisconsin population.

Goal: Prevent development of any modifiable risk factor, including creating, maintaining, or restoring favorable social and environmental conditions and the promotion of healthy lifestyle behaviors.

Primary Prevention (Level 1)

Target: Anyone in the population with one or more major risk factors for heart disease and stroke.

Goal: Prevent further development or progression of risk factors, such as having a heart attack, heart failure, or stroke.

Secondary Prevention (Level 2)

Target: All survivors of heart attack, heart failure, or stroke events and others with known heart disease who need long-term case management.

Goal: Reduce disability and the risk for other cardiovascular events.

The Strategic Planning Process

Photograph: Wisconsin Department of Tourism, RJ & Linda Miller

The Strategic Planning Process

History

In 2002, the Wisconsin Cardiovascular Health Program(CVHP) began to coordinate efforts to improve cardiovascular health by inviting stakeholder and partner organizations to form a Cardiovascular Health (CVH) Alliance. Health systems, community-based organizations, policymakers, businesses, health care professionals, voluntary non-profit organizations, and academics from approximately 50 groups around the state joined this initiative. The Cardiovascular Health Alliance, along with the CVHP staff, set out to develop a state plan to improve cardiovascular health and quality of life for all people living in Wisconsin. The group reviewed statewide surveillance data on heart disease, stroke, and related risk factors, and discussed barriers to heart healthy behaviors. The group also shared information on programs, resources, and policies that are contributing to healthier behaviors. These discussions inspired a vision for cardiovascular health in Wisconsin where:

Community environments promote heart-healthy behaviors and provide access to evidence-based cardiovascular care for all people living in Wisconsin.

Ideally, physical activity among people of all ages would be desirable and commonplace. Wisconsin residents would have safe access to facilities for physical activity in their communities. Students would engage in regular physical activity at school, and worksites would encourage exercise as a way to reduce stress and improve overall health. Residents would enjoy clean, smoke-free air in all public facilities. Restaurants, worksite cafeterias, and schools would offer nutritious meals and snacks that meet dietary guidelines and are offered in reasonable portions. Health care professionals would advise patients in adopting and maintaining healthy behaviors that prevent or modify heart disease and stroke. Furthermore, all residents would have access to evidence-based preventive care and cardiovascular disease management from a coordinated team of health care professionals.

Strategic Planning Logic Model

While the "ideal" environment may not be achievable, a coordinated, well-directed plan to reduce heart disease and stroke can significantly improve quality of life for people living in Wisconsin. Recognizing the enormous task of changing systems and behavior, the CVH Alliance embraced a socio-ecological model for behavioral change adapted from the Centers for Disease Control and Prevention.

Model 2: Logic Model for Behavioral Change

Activities	Systems Change	Individual Behavioral Change	Improved Health Status
• Capacity building • Surveillance • Interventions	• Environmental supports • Policy changes • Schools • Worksites • Communities • Health systems	• Physical activity • Nutrition • Tobacco use • Excess weight • Obesity • Secondary prevention • Cholesterol • Diabetes • Hypertension	• Morbidity • Mortality • Age of onset • Racial/Ethnic disparity • Quality of life

Source: Adapted from CDC State Heart Disease and Stroke Prevention Program Evaluation Framework.

The Strategic Planning Process

Three key activities—capacity building, interventions, and surveillance—serve as the foundation for improving long-term health outcomes. Capacity building refers to developing the infrastructure, organizational partnerships, processes, and strategies and objectives, necessary (the state plan) to encourage large-scale behavioral change. Informed by the *Wisconsin Plan for Heart Disease and Stroke Prevention 2005-2009*, the CVH Program and its partners develop and implement interventions for targeted audiences with the aim of changing communities at the state and local level. Surveillance of the initial burden of CVD serves as a baseline to identify and monitor when and how widespread risk factors occur, and the effectiveness of treatments. Ongoing surveillance will monitor the effectiveness of the Work Plan strategies and actions, and progress made toward achieving long-term measures for heart health.

As policies and environmental supports change to better support cardiovascular health, so do the practices, resources, and environments in schools, worksites, communities, and health systems. In this way, these settings help shape the awareness, behaviors, and habits that can bring about individual behavioral change. The actions that individuals take to modify or prevent CVD risks, and get the appropriate treatment when needed will contribute to improved health status and quality of life for themselves and the state as a whole.

To develop the state plan, CVH Alliance members divided into four Work Groups to address goals, strategies, and objectives across the four settings previously mentioned. These four Work Groups were:

- Public Policy and Advocacy
- Community and Health Promotion
- Risk Factor Detection and Control
- Secondary Prevention and Rehabilitation

The Work Groups met quarterly from 2002 to 2004 to develop and refine their suggestions, guided by the following principles:

- Effective use of technology and forums will optimize communication of best practices among organizations, policy makers, and health systems.
- Prevention and management of risk factors must begin in youth.
- A focused effort to prevent high blood pressure and high cholesterol also will benefit weight control, good nutrition and increased physical activity.
- Interventions will target high-risk, priority populations.
- It will be essential to address policies and interventions in health systems, schools, worksites, and communities to create heart-healthy environments.
- Ongoing surveillance and analysis of data will help to develop and refine priority actions.

To avoid duplicating efforts, the Work Groups carefully considered actions already being taken by other DHFS health promotion programs, such as the Nutrition and Physical Activity Program, Tobacco Control Program, and the Diabetes Prevention and Control Program. The CVH Program will continue to work with these programs on activities that reduce the CVD risks of physical inactivity, poor nutrition, overweight and obesity, tobacco use, and diabetes.

Cardivascular Health Program Goals

The ideas from the CVH Alliance Work Groups were formed into six priority goals that are similar to suggested outcomes in the national *Healthy People 2010* and state *Healthiest Wisconsin 2010* plans.[15] These goals will be overseen by the CVH Program and the CVH Alliance and are dependent on organizations, communities, health care systems, schools, and businesses to carry out activities or make changes that will work toward improved heart health. The goals of this state plan are to:

1. Increase the Wisconsin CVH Program capacity to promote cardiovascular health in Wisconsin.
2. Identify and provide information on statewide policies that improve and enable cardiovascular health.
3. Promote community environments that support healthy behaviors to reduce heart disease and stroke.
4. Promote early detection and treatment of risk factors for heart disease and stroke.
5. Reduce recurrence, complications, disabilities, and death from heart attack and stroke.
6. Work toward the elimination of health disparities in heart disease and stroke.